



BALLARD CHRISTIAN SCHOOL

STUDENT APPLICATION FORM

DATE _____

STUDENT'S NAME _____

(last) (first) (middle)
BIRTH DATE _____ AGE _____ SEX _____

SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE () _____

LAST SCHOOL ATTENDED _____

ADDRESS _____

LAST GRADE ATTENDED _____

FAMILY INFORMATION

FATHER'S NAME _____

EMPLOYMENT _____

POSITION _____ PHONE _____

MOTHER'S NAME _____

EMPLOYMENT _____

POSITION _____ PHONE _____

MARITAL STATUS: MARRIED _____ WIDOW _____ DIVORCED _____ SEPARATED _____

OTHER CHILDREN OF SCHOOL AGE IF NOT APPLYING:

NAME _____ AGE _____

_____ AGE _____

_____ AGE _____

REASON THEY ARE NOT APPLYING _____

MEDICAL HISTORY

FAMILY PHYSICIAN _____

ADDRESS _____ PHONE _____

DOES CHILD HAVE ANY PHYSICAL DEFECTS OR ALLERGIES? _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

PHONE _____

(PLEASE ATTACH A COPY OF THE BIRTH CERTIFICATE)

**The Immunization Record or Blue slip can
also be attached, but is not required.**

**Upon application approval, the \$25 Family
Application fee will be posted on your school invoice.**

It is mandatory that students who show symptoms of a communicable disease be excluded from school activities until readmission is acceptable to the Administrator.

AIDS POLICY: Any child who is sexually promiscuous or there is reasonable evidence of promiscuity (based on the Administrator's judgement) , will be required to take an AIDS test at the parent's expense. Anyone found to be HIV positive will be expected to conform to restrictive guidelines as established on a case by case basis.

I understand and agree to submit to these guidelines:

Parent's Signature _____ Date _____

STUDENT RECORD RELEASE

To Releasing School Counselor: _____
Date

School Name

Address

City State Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic and health records to the following school.

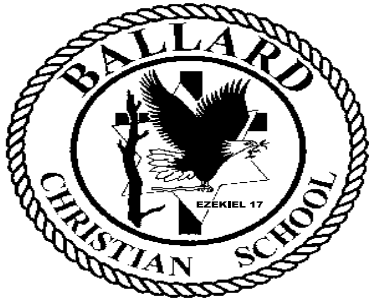
ACCEPTING SCHOOL
Ballard Christian School
1415 Moores Mill Road
Auburn, Alabama 36830
(334) 826-7080

| Student's Names (Last Name First) | Age | Grade Level at Time of withdrawal |
|--------------------------------------|-----|--------------------------------------|
|--------------------------------------|-----|--------------------------------------|

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Signature of Requesting Parent/Guardian

Signature of Receiving Administrator



BALLARD CHRISTIAN SCHOOL

CHURCH SCHOOL ENROLLMENT FORM

School Year _____ Public School District _____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Home Phone _____

Home Address _____

County _____

Date of Birth _____ Grade _____

Parent or
Guardian's Name _____ Home Phone _____

Home
Address _____

I hereby give prior consent to the Administrator of Ballard Christian School to notify the public school superintendent should the above named student cease attendance at said school.

Date

Signature of Parent or Guardian

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name: Ballard Christian School Phone (334) 826-7080

Address: 1415 Moores Mill Road; Auburn, Alabama 36830

Date of Student Enrollment _____ For _____ School Year

Date

Signature of Church School Administrator

III. NOTIFICATION OF STUDENT WITHDRAWAL

Date of Withdrawal

Signature of Church School Administrator